



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Funeral Directors Association of the United States Inc

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		32439.37
(b) Cash on Hand at Beginning of Reporting Period.....	38380.37	
(c) Total Receipts (from Line 19) .....	22990.00	74181.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	61370.37	106620.37
7. Total Disbursements (from Line 31).....	12500.00	57750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	48870.37	48870.37
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

National Funeral Directors Association of the United States Inc

Report Covering the Period: From: 10 / 01 / 2011 To: 12 / 31 / 2011

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10920.00	27270.00
(ii) Unitemized .....	12070.00	46911.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22990.00	74181.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	22990.00	74181.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	22990.00	74181.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22990.00	74181.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	57750.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12500.00	57750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12500.00	57750.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	22990.00	74181.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22990.00	74181.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**National Funeral Directors Association of the United States Inc**

**A. Scott B. Anthony**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1031 Ridge Rd  
City Webster State NY Zip Code 14580-2907  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Anthony Funeral Chapel Occupation: Funeral Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt: 11 / 09 / 2011  
**Transaction ID : SA11AI.16379**  
Amount of Each Receipt this Period: 200.00

**B. Robert L Bates**  
Full Name (Last, First, Middle Initial)  
Mailing Address 601 E Front Street  
City De Kalb State TX Zip Code 75559  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Bates Family Funeral Home Occupation: Funeral Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt: 11 / 07 / 2011  
**Transaction ID : SA11AI.16321**  
Amount of Each Receipt this Period: 100.00

**C. Mark J Benson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1111 25th Ave S  
City Saint Cloud State MN Zip Code 56301-4833  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Benson Funeral Home Occupation: Funeral Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt: 11 / 07 / 2011  
**Transaction ID : SA11AI.16339**  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional)..... **400.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Funeral Directors Association of the United States Inc**

Full Name (Last, First, Middle Initial)  
**A. Stephanie A. Deiters**

Mailing Address 2075 Washington Rd

City Washington State IL Zip Code 61571-2059

FEC ID number of contributing federal political committee. **C**

Name of Employer Deiters FH Occupation Funeral Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2011			

**Transaction ID : SA11AI.16406**

Amount of Each Receipt this Period  

2000.00
---------

Full Name (Last, First, Middle Initial)  
**B. Walter Ducharme**

Mailing Address 117 S Main

City Middlebury State VT Zip Code 05753

FEC ID number of contributing federal political committee. **C**

Name of Employer Sanderson Funeral Service Inc. Occupation Funeral Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **-150.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2011			

**Transaction ID : SA11AI.16425**

Amount of Each Receipt this Period  

-150.00
---------

NSF CHECK - Original date 11/3/2010

Full Name (Last, First, Middle Initial)  
**c. Rhonda Dugger**

Mailing Address 1010 N 7th St

City Perry State OK Zip Code 73077-3233

FEC ID number of contributing federal political committee. **C**

Name of Employer Brown-Dugger FH Occupation Funeral Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2011			

**Transaction ID : SA11AI.16416**

Amount of Each Receipt this Period  

225.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2075.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Funeral Directors Association of the United States Inc**

**A. Charles W Hastings**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 267  
 City Selbyville State DE Zip Code 19975-9664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hastings Funeral Home Occupation Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2011  
**Transaction ID : SA11AI.16297**  
 Amount of Each Receipt this Period  
 500.00

**B. John E Hermann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2652 Hwy 138  
 City Wall Township State NJ Zip Code 07719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bergen Service LLC Occupation Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2011  
**Transaction ID : SA11AI.16314**  
 Amount of Each Receipt this Period  
 300.00

**C. Robert C. Kimes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 Allen Dr Ste 20  
 City Charleston State WV Zip Code 25302-3947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West Virginia FDA Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2011  
**Transaction ID : SA11AI.16391**  
 Amount of Each Receipt this Period  
 275.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1075.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Funeral Directors Association of the United States Inc**

**A. Robert C. Kimes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 Allen Dr Ste 20

City Charleston	State WV	Zip Code 25302-3947
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FEC ID number of contributing federal political committee. **C**

Name of Employer West Virginia FDA	Occupation Executive Director
---------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2011

**Transaction ID : SA11Al.16392**

Amount of Each Receipt this Period  

120.00
--------

**B. Bill Kincaid**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7569 Hwy 101 North

City Gray Court	State SC	Zip Code 29645
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Universal Containers	Occupation Sales
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2011

**Transaction ID : SA11Al.16381**

Amount of Each Receipt this Period  

220.00
--------

**C. Bill Kincaid**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7569 Hwy 101 North

City Gray Court	State SC	Zip Code 29645
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FEC ID number of contributing federal political committee. **C**

Name of Employer Universal Containers	Occupation Sales
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2011

**Transaction ID : SA11Al.16382**

Amount of Each Receipt this Period  

200.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>540.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Funeral Directors Association of the United States Inc**

**A. Bill Kincaid**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7569 Hwy 101 North

City Gray Court	State SC	Zip Code 29645
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FEC ID number of contributing federal political committee. **C**

Name of Employer Universal Containers	Occupation Sales
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **580.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2011

**Transaction ID : SA11AI.16383**

Amount of Each Receipt this Period  

160.00
--------

**B. Bill Kincaid**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7569 Hwy 101 North

City Gray Court	State SC	Zip Code 29645
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Universal Containers	Occupation Sales
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **930.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2011

**Transaction ID : SA11AI.16384**

Amount of Each Receipt this Period  

350.00
--------

**C. Mark Matthews**  
Full Name (Last, First, Middle Initial)  
Mailing Address 690 Vella Rd

City Palm Springs	State CA	Zip Code 92264
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wiefels & Son	Occupation Funeral Director
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

**Transaction ID : SA11AI.16430**

Amount of Each Receipt this Period  

500.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1010.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Funeral Directors Association of the United States Inc**

**A. Kenneth H. McCoy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 Country Club Dr SW  
 City Blacksburg State VA Zip Code 24060-5427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McCoy FH Occupation Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2011  
**Transaction ID : SA11AI.16386**  
 Amount of Each Receipt this Period  
 250.00

**B. Robert C Moore IV**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1591 Alps Rd  
 City Wayne State NJ Zip Code 07470-3641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Moore's Home For Funerals Occupation Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2011  
**Transaction ID : SA11AI.16237**  
 Amount of Each Receipt this Period  
 100.00

**C. Robert C Moore IV**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1591 Alps Rd  
 City Wayne State NJ Zip Code 07470-3641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Moore's Home For Funerals Occupation Funeral Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2011  
**Transaction ID : SA11AI.16262**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Funeral Directors Association of the United States Inc**

**A. Mark Mortimore**  
Full Name (Last, First, Middle Initial)

Mailing Address 620 Arapahoe

City Thermopolis State WY Zip Code 82443

FEC ID number of contributing federal political committee. **C**

Name of Employer Mortimore Funeral Home Occupation Funeral Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2011  
**Transaction ID : SA11AI.16397**

Amount of Each Receipt this Period  
 215.00

**B. Jeffrey A. Nathan**  
Full Name (Last, First, Middle Initial)

Mailing Address 251 Central Ave S

City Valley City State ND Zip Code 58072-3330

FEC ID number of contributing federal political committee. **C**

Name of Employer Oliver-Nathan Funeral Chapel Occupation Funeral Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : SA11AI.16368**

Amount of Each Receipt this Period  
 275.00

**C. Joseph Nero**  
Full Name (Last, First, Middle Initial)

Mailing Address 6130 Turney Rd

City Cleveland State OH Zip Code 44125-4504

FEC ID number of contributing federal political committee. **C**

Name of Employer Vito-Nero FH Occupation Funeral Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2011  
**Transaction ID : SA11AI.16405**

Amount of Each Receipt this Period  
 330.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 820.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Funeral Directors Association of the United States Inc**

**A. Steve A Palmer**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 352

City Cottonwood	State AZ	Zip Code 86326
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FEC ID number of contributing federal political committee. **C**

Name of Employer Westcott FH	Occupation Funeral Director
---------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2011

**Transaction ID : SA11AI.16418**

Amount of Each Receipt this Period  

300.00
--------

**B. John D. Reed Sr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 155 McGraw Ave

City Webster Springs	State WV	Zip Code 26288-1133
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Dodd & Reed Funeral Home Inc	Occupation Funeral Director
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2011

**Transaction ID : SA11AI.16356**

Amount of Each Receipt this Period  

500.00
--------

**C. Don Runyon**  
Full Name (Last, First, Middle Initial)

Mailing Address 103 5th St SE

City Dyersville	State IA	Zip Code 52040-1918
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Kramer FH	Occupation Funeral Director
-------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

**Transaction ID : SA11AI.16408**

Amount of Each Receipt this Period  

250.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**National Funeral Directors Association of the United States Inc**

**A. Mark A. Schneider**  
Full Name (Last, First, Middle Initial)

Mailing Address 223 W Main St

City State Zip Code  
Crestline OH 44827-1432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mark A Schneider Funeral Home Funeral Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 09 / 2011

**Transaction ID : SA11AI.16387**

Amount of Each Receipt this Period  
240.00

**B. Kevin B. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 2609 Cunningham Dr

City State Zip Code  
Hampton VA 23666-2370

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Berceuse Funeral & Crematory Funeral Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 09 / 2011

**Transaction ID : SA11AI.16402**

Amount of Each Receipt this Period  
260.00

**C. Julius M. Steele Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 S Cherry St

City State Zip Code  
Pineville KY 40977-1602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Arnett & Steele FH Funeral Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 11 / 2011

**Transaction ID : SA11AI.16371**

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Funeral Directors Association of the United States Inc**

**A. Russell S. Walker**  
Full Name (Last, First, Middle Initial)

Mailing Address N540 W Fairland Cir

City Menominee	State MI	Zip Code 49858-9408
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FEC ID number of contributing federal political committee. **C**

Name of Employer Affiliated Family FH	Occupation Funeral Director
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		11		2011

**Transaction ID : SA11AI.16375**

Amount of Each Receipt this Period  

300.00
--------

**B. Draper Watson**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 52

City Perry	State GA	Zip Code 31069-0052
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Watson-Hunt Funeral Home	Occupation Funeral Director
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		11		2011

**Transaction ID : SA11AI.16360**

Amount of Each Receipt this Period  

350.00
--------

**C. Draper Watson**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 52

City Perry	State GA	Zip Code 31069-0052
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Watson-Hunt Funeral Home	Occupation Funeral Director
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		11		2011

**Transaction ID : SA11AI.16361**

Amount of Each Receipt this Period  

1900.00
---------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2550.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 20  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**National Funeral Directors Association of the United States Inc**

**A. David J. Weber**  
Full Name (Last, First, Middle Initial)

Mailing Address 401 S Chester St

City Baltimore	State MD	Zip Code 21231-2730
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer David J Weber FH	Occupation Funeral Director
--------------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2011

**Transaction ID : SA11Al.16398**

Amount of Each Receipt this Period  

100.00
--------

**B.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period  

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**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period  

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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10920.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Funeral Directors Association of the United States Inc**

Full Name (Last, First, Middle Initial)

**A. BOB FILNER FOR CONGRESS**

Mailing Address PO Box 127868

City San Diego State CA Zip Code 92112

Purpose of Disbursement  
Lost in mail. Original date 5/19/2008

Candidate Name  
**FILNER, BOB**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2011

**Transaction ID : SB23.16427**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DUNCAN D. HUNTER FOR CONGRESS**

Mailing Address 9340 Fuerte Drive Suite 302

City La Mesa State CA Zip Code 91941

Purpose of Disbursement

Candidate Name  
**DUNCAN D. HUNTER**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CA District: 52

Date of Disbursement

MM / DD / YYYY  
12 / 23 / 2011

**Transaction ID : SB23.15877**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. GRAVES FOR CONGRESS**

Mailing Address 2345 Grand, Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement

Candidate Name  
**SAMUEL B 'SAM' GRAVES**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MO District: 06

Date of Disbursement

MM / DD / YYYY  
12 / 23 / 2011

**Transaction ID : SB23.15878**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Funeral Directors Association of the United States Inc**

Full Name (Last, First, Middle Initial)

**A. Justin Amash for Congress**

Mailing Address 1500 E Beltline Ave SE, Ste 250

City Grand Rapids State MI Zip Code 49506

Purpose of Disbursement

Candidate Name

**JUSTIN AMASH**

Office Sought:  House  
 Senate  
 President

State: MI District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2011

**Transaction ID : SB23.15880**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Lynn Jenkins For Congress**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

**LYNN JENKINS**

Office Sought:  House  
 Senate  
 President

State: KS District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2011

**Transaction ID : SB23.15882**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Matheson for Congress**

Mailing Address PO BOX 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement  
Lost in the mail. Original date 4/21/2008

Candidate Name

**JAMES MATHESON**

Office Sought:  House  
 Senate  
 President

State: UT District: 02

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2011

**Transaction ID : SB23.16429**

Amount of Each Disbursement this Period

-1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Funeral Directors Association of the United States Inc**

Full Name (Last, First, Middle Initial)

**A. PETERS FOR CONGRESS**

Mailing Address PO BOX 226

City BLOOMFIELD HILLS State MI Zip Code 48303

Purpose of Disbursement

Candidate Name

**GARY PETERS**

Office Sought:  House  
 Senate  
 President

State: MI District: 14

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

**Transaction ID : SB23.15883**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. RANDY HULTGREN FOR CONGRESS**

Mailing Address PO Box 39

City Batavia State IL Zip Code 60510

Purpose of Disbursement

Candidate Name

**RANDY HULTGREN**

Office Sought:  House  
 Senate  
 President

State: IL District: 14

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2011

**Transaction ID : SB23.15884**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. SCHOCK FOR CONGRESS**

Mailing Address PO BOX 10555

City PEORIA State IL Zip Code 61612

Purpose of Disbursement

Candidate Name

**AARON SCHOCK**

Office Sought:  House  
 Senate  
 President

State: IL District: 18

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

**Transaction ID : SB23.15885**

Amount of Each Disbursement this Period

3000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Funeral Directors Association of the United States Inc**

Full Name (Last, First, Middle Initial)

**A. Tim Johnson for South Dakota**

Mailing Address 120 Maryland Ave., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

**TIM JOHNSON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2011

**Transaction ID : SB23.15887**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. TIM MURPHY FOR CONGRESS**

Mailing Address P.O. BOX 24551

City PITTSBURGH State PA Zip Code 15234

Purpose of Disbursement

Candidate Name

**TIM MURPHY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2011

**Transaction ID : SB23.15888**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3500.00
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12500.00
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